

ALAMEDA COUNTY PLAN

What the Alameda County Medical Society Plan Aims to Accomplish.—In the current issue of CALIFORNIA AND WESTERN MEDICINE is printed an address by Dr. George G. Reinle, president of the California Medical Association, given at a recent meeting of the Long Beach Medical Society. (See page 289.)

Attention is called to President Reinle's remarks because the Alameda plan for the care of the indigent and near-indigent who are sick, as originated and carried on by the Alameda County Medical Society, is worthy of close study by all component county medical societies of the California Medical Association. The Alameda County Medical Society deserves commendation for having evolved and put into practice a method whereby adequate medical care is made possible for those citizens who, while not in the class of indigents, are nevertheless so financially handicapped that they lack the resources to pay even the minimum average fees for professional medical services. The Alameda plan helps these citizens to maintain their personal independence and self-respect, prevents them from slipping into the group and ways of indigents and paupers, and at the same time makes it possible for the physicians who care for this group of patients to receive moderate stipends for the professional services rendered. The plan is an excellent expression of what clear thinking can accomplish in producing a rather practical solution of a somewhat complicated social and medical-economic problem.

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President Reinle's Progress Report on the Plan. During the last few months many observers have been watching the new experiment in Alameda County. Because the plan aims at one and the same time to safeguard the interests of the sick citizens, the members of the medical profession and the community at large, it had the good wishes from the start, not only of its local sponsors, but of many other members of the medical profession who were giving serious thought to similar problems. Therefore it has been gratifying to have President Reinle tell the profession that the system of procedure, as adopted by the Alameda County Medical Association, is working out well in practice as far as it has gone. If such a plan can be successful in Alameda County, with a five hundred thousand population, it should be possible to institute it, with or without modifications, in other communities having somewhat similar environments.

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County Societies Should Study This Plan.—The thought suggests itself that every county medical society in California might well appoint a committee to make a survey of the manner in which its own county is handling its problems in the care of the indigent, the near-indigent, and the very low-bracket income sick. The committee so appointed could bring in a report on its findings not only on conditions which exist, but with recommendations as to a plan, or plans, whereby

defects in existing systems might be remedied. Even if no changes were immediately recommended or authorized by the county societies, the discussion of such committee reports could not be other than of value to both the profession and the community. The California Medical Association has coöperated with the Alameda County Society in providing the plan with proper legal and other safeguards. County societies desiring additional information are invited to communicate with the Association secretary, Doctor Pope, or with the director of the C. M. A. Department of Public Relations, Doctor Dickie.

CALIFORNIA MEDICAL ASSOCIATION EXTENSION LECTURES

County society committees on scientific programs not infrequently desire to have guest speakers to address their respective organizations on topics of general or special interest. Years ago the pleasure of hearing such essayists was only experienced when a secretary or committee of more than usual energy had charge of the programs. To make possible the securing of such non-local talent for scientific meetings, the California Medical Association, through its secretary, Doctor Pope, has each year printed in CALIFORNIA AND WESTERN MEDICINE a list of colleagues (with subjects of addresses which they were prepared to give) who could be called upon by county societies desiring guest-speaker presentations. The October CALIFORNIA AND WESTERN MEDICINE, pages 277-280, printed this year's group of members who were prepared to speak on medical and surgical subjects, and the attention of members of the component county societies is again called to this list. On request, further information and coöperation will gladly be given by the Association secretary.

EDITORIAL COMMENT*

FLATULENT DIARRHEA ALLEGEDLY DUE TO MILK PASTEURIZATION

An exceedingly delicate hygienic question has been raised by Doctor Nelson¹ of the North Dakota Agricultural Experimental Station, who currently alleges that routine pasteurization of milk may at times so increase its infectious properties as to render it unfit for all but cooking purposes. His findings are reported, however, not as an argument against such pasteurization, but as a criticism of the popular misconception that all grossly contaminated raw milks are rendered fit for human consumption by this method of partial heat sterilization.

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

1. Nelson, C. I.: J. Infect. Dis., 52:89 (Jan. and Feb.), 1933.